

NHS BSW Prescribing guidance for Oral Semaglutide (Rybelsus® ▼)

Oral semaglutide is unique in that it is the first **oral** GLP1 receptor agonist.

- Like its subcutaneous formulation, oral semaglutide is indicated as an adjunct to diet and exercise for the treatment of adults with insufficiently controlled type 2 diabetes mellitus. **Semaglutide should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis.**
- Oral semaglutide is included on BSWformulary for patients who are needle-phobic or physically unable to use an injection device and who are able to comply with the specific administration instructions (see below).
- Injectable GLP1s remain first line.
- Oral semaglutide has a **GREEN** Traffic Light Status - **considered suitable for GP prescribing.**

Administration information:

Tablets should be taken on an empty stomach, swallowed whole with ≤120ml of water (preferably a sip), and no food, drink or other oral medicines should be taken for up to 30 minutes after administration as this can decrease absorption of semaglutide. Tablets must not be split, crushed or chewed.

- Oral semaglutide should not be included in a 'dosette' box as the SPC states it should be stored in the original blister package in order to protect from light and moisture.

Titration schedule:

The patient should be informed that oral semaglutide requires dose titration over at least 3 months. Prescriptions should be issued monthly to ensure review and avoid wastage.

- **Starting dose 3 mg once daily** for one month.
- Increase to **maintenance dose of 7 mg once daily** for at least another month.
- Consider increasing to **max. dose of 14 mg once daily** to further improve glycaemic control.

Monitoring and review:

Monitoring and patient review are broadly in line with injectable GLP1s. **Due to highly variable absorption, the manufacturer estimates 2-4% of patients may not respond to oral semaglutide.** To continue with treatment patients should demonstrate ≥3% weight loss/ ≥10 mmol (~1%) HbA1c lowering at specialist review at 3months, maintained at 6 months.

- Patients should be reviewed by the GP after 4 weeks and if tolerated increase dose to 7mg
- Patient should be reviewed by GP after 8 weeks and if indicated consider maximising dose to 14mg
- Patient should be reviewed by the diabetes specialist nurse or consultant after 12 weeks and again at 6 months to review patient weight and HbA1c and determine if continuation is appropriate.

Adverse effects:

Gastro-intestinal adverse effects are common, especially in the first few weeks and may include nausea, vomiting, diarrhoea; patients should be advised to stay hydrated especially if they have kidney problems. Severe and on-going stomach pain could indicate **acute pancreatitis** and patients should seek immediate advice. As with injectable GLP1s, taking a sulfonylurea medicine or insulin with Rybelsus® might increase the risk of **hypoglycaemia**. See [SPC](#) for full list of adverse effects.

Specialist contact information:

SFT Consultants/Nurse Specialists Contact via Secretaries		
Consultants' secretaries	Phone	01722-429229
Advice & Guidance	Email	shc-tr.diabetes@nhs.net
RUH Consultants/Nurse Specialists		
RUH consultants (immediate advice)	Phone	Consultant Connect
RUH consultants (1-2 day advice)	Email	ruh-tr.endocrinediabetes@nhs.net
BaNES DSNs (immediate advice)	Phone	07876 265064
BaNES DSNs (1-2 day advice)	Email	ruh-tr.communitydsn@nhs.net
Wiltshire DSNs (immediate advice)	Phone	01249 456483
Wiltshire DSNs (1-2 day advice)	Email	whc.diabetesnurses@nhs.net
GWH Consultants/Nurse Specialists		
GWH consultants (1-5 day response)	E-mail	Gwh.endocrinologyadvice@nhs.net Gwh.diabetessecretaries@nhs.net
Swindon Community DSNs (1-2 day response)	E-mail	bswccg.communitydiabetesservice@nhs.net
Swindon Community DSNs (same day advice)	Phone	01793 696621
Swindon Community DSNs (immediate advice)	Mobile	07979 119974/ 07917 084000